



OFFICE OF PUBLIC INSTRUCTION  
STATE OF MONTANA

**21<sup>st</sup> Century Community Learning Center**  
**Year-End Performance Report and Renewal Application**

(Revised 9/8/03)

Reporting Period \_\_\_\_\_

**Grantee Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip \_\_\_\_\_

Project Number: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Statement From Authorized Representative:**

To the best of my knowledge and belief, all of the information and data contained in the Year-End Performance Report and the Renewal Application are true and correct.

Name of Authorized Representative: \_\_\_\_\_  
Typed or Printed

\_\_\_\_\_  
Signature

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

The 21<sup>st</sup> CCLC YEPR is available on OPI's Website at [www.opi.state.mt.us](http://www.opi.state.mt.us) under *Programs & Services of OPI*: click on *21<sup>st</sup> Century Learning Centers* for information and files pertaining to this grant.

## ***GENERAL INSTRUCTIONS – YEAR-END PERFORMANCE REPORT RENEWAL APPLICATION***

The Year-End Performance Report/Renewal Application has three (3) basic purposes:

- 1) To provide grantees with the opportunity to evaluate the progress of their projects with regard to the original objectives and the overall goal of the project as stated in the grant application,
- 2) To collect data that will support the current activities and services and/or will lead to modifications and improvements that are needed to achieve the objectives of the project, and
- 3) To provide an instrument for Re-application for funding the next Program Year.

The YEPR will consist of three basic components as follows:

Part I – A **narrative response** addressing project status at this juncture, including but not limited to - staffing, position descriptions, schedules of staff, center hours of operation, adequacy of site/facilities, health and safety assessment, transportation arrangements (as appropriate), specific activities and services being provided, progress toward achieving established goals and objectives, and modifications or adjustments to the program that have been completed or are anticipated.

Part II – **Data collection** to include attendance, characteristics of participants, a breakdown of participants utilizing activities/services, academic achievement data, teacher survey results, students/parent survey results, and the results of other tools and instruments used to measure results and progress.

Part III – The **Renewal Application** form in which you should summarize the overall progress that has been made to date, the impact of your program on the targeted population, the level of involvement and the specific role of your community partners, a discussion of the specific activities to be conducted in your summer program, the changes you plan to implement in Program Year (PY) 2004-2005, the reasons for changes or modifications to your program, other pertinent information relating to your program, and detailed budget information for the current program year as well as projections for the coming program year.

The reporting period for your Year-End Performance Report coincides with the Program Year (July 1, 2003-June 30, 2004). Program Years run from July 1 through June 30. Subsequent reports will coincide with those dates.

Please complete the Year-End Performance Report-Renewal Application and submit the original and one (1) copy to:

The Office of Public Instruction  
21<sup>st</sup> Century Community Learning Centers Program  
Attention: Gary Pfister  
P. O. Box 202501  
Helena, Montana 59620-2501

## ***YEAR-END PERFORMANCE REPORT***

### **Part I – Narrative**

A. Please provide a complete list of the 21<sup>st</sup> Century Community Learning Center staff, both paid and unpaid, and include their titles, position descriptions, the specific duties and responsibilities of each individual, daily schedules, and other pertinent information relating to project staffing. Provide a brief explanation of the initial staff orientation process and address the frequency/regularity of staff meetings. Discuss the communication links and cooperation levels between the regular staff and the 21<sup>st</sup> Century staff. Also explain the role of staff members of partnering agencies who provide a service or conduct an activity for the center.

B. Please discuss the adequacy of the site/facilities, a health and safety assessment, the center's hours of operation, including days of the week and times for each day, transportation (if applicable) provided as part of the center's operations, and the grade levels being served by the center. Enter the total number of days the center was open through June 1<sup>st</sup> of the PY 2003-2004, and provide documentation that at least 50% of the program participants attend a high poverty school.

C. Please provide a general summary of the status of your project through May 28, 2004. Include the specific program activities and services\* you have implemented to date, and list any activities/services that are planned but have not yet been put into operation. Briefly re-state your objectives as listed in your grant and describe any notable progress that has been made toward achieving these objectives. Also describe your program's impact on the students and/or the community, and point out any positive or negative results that can be directly attributed to the center's operations. List what you would describe as your key accomplishments to date.

You may also include in this section any problems or obstacles you have encountered in the implementation of the project, and you may wish to discuss any adjustments or modifications that you have made or that you plan to make to deal with these situations.

\* For the activities/services your program provides, please describe the primary focus of each activity/service based on the categories listed

Drug, Alcohol, Tobacco, Crime, Violence, and Drop-out Prevention		
Reading or Literacy	Technology, Video, or Media	Service for Adults
Mathematics	Community Service	Community Education
Science	Cultural Activities, Social Studies	Career Education
Art, Music, Dance, Theater	Health, Nutrition	Sports or Competitive Games
Other	Youth Development	

Categories for Activities and/or Services	Enter Times Activity or Service offered	Staffing Type	Grade Levels Served			
If you do not offer any activities in a category, enter "0" in the "Times" column and go on to the next category.	Before school After school Summer * All	Teacher - T Paraprofessional - PP Adult Volunteer - AV Partnering staff - PS College Student - CS Other Student - OS Other - O	Pre-K K-5 6-8 9-12 Adult Other	Average Daily Attendance	Enter the number of hours per week offered	Enter the number of days per week offered
1. Drug, Alcohol, Tobacco, Crime, Violence, and/or Drop-out Prevention						
2. Reading/Literacy						
3. Mathematics						
4. Science						
5. Art, Music, Dance, Theater						
6. Technology, Video, or Media						
7. Community Service						
8. Cultural Activities, Social Studies						
9. Health, Nutrition						
10. Youth Development						
11. Service for Adults						
12. Community Education						
13. Career Education						
14. Sports and Competitive Games						
15. Other						

\*Enter *Summer* if you anticipate the Activity/Service **will be offered** as part of the summer program.

## Part II – Data Collection

### Characteristics of Your 21<sup>st</sup> Century Community Learning Center

Please supply the school name and the names(s) of the building(s) that provide space for your community learning center site(s).

_____	_____
_____	_____
_____	_____
_____	_____

Please report the actual start-up date for your center's operation (month/day/year) for each component serving the 21<sup>st</sup> Century students/families during the reporting period.

Before School	_____
After School	_____
Summer School	_____
Other	_____

Please enter the total number of students and adults who attended at least one day during the academic year \_\_\_\_\_

Characteristics of the students served by your program for the current Program Year  
Record the number of students in each of the listed categories for your center. If you have more than one site, please indicate the name of that site in the extra column(s) provided and enter the number of students in each category at that site.

	Site name	Site name	Site name	Site name
Number of students who are listed as				
American Indian or Alaska Native				
Asian				
Black or African American				
Hispanic or Latino				
Native Hawaiian or Other Pacific Islander				
White				
Special Education students				
Limited English Proficient (LEP)				
Students who are new to your school				

Please enter the number of student participants eligible for free or reduced price lunch \_\_\_\_\_

## Part II – Data Collection

## Attendance

Attendance – As part of the scope of the newly signed legislation and Non-Regulatory Guidance for 21<sup>st</sup> CCLC programs, Montana’s implementation requires centers to operate before and after school programs at least three (3) hours per day for no less than three (3) days per week. Included in this requirement is the stipulation that centers provide a nutritious (meets USDA requirements) breakfast and a nutritious snack during the hours of operation before and after school.

**Attendance is the first, most important factor in a successful program.**

In the following table, please record participant attendance numbers as accurately and completely as possible. In certain cases, it may be more appropriate to record the **percentage** of days participants attended activities or services in a program year.

	# of participants attending at least the the actual # of <u>days shown</u> Days	the # attending <b>OR</b> <u>% shown</u> % of Days
Number of student participants who attended <b>50</b> or more days or <b>80%</b> of the days the center was open in the current program year		
Number of student participants who attended <b>40</b> or more days or <b>66%</b> of the days the center was open in the current program year		
Number of student participants who attended <b>30</b> or more days or <b>50%</b> of the days the center was open in the current program year		
Number of student participants who attended <b>20</b> or more days or <b>33%</b> of the days the center was open in the current program year		

Please record adult (19 and older) attendance numbers

Number of adult participants who attended <b>30</b> or more days or <b>50%</b> of the days the center was open in the current program year		
Number of adult participants who attended <b>15</b> or more days or <b>25%</b> of the days the center was open in the current program year		

## Part II – Data Collection

## Achievement Data - Grades

As a recipient of a State 21<sup>st</sup> Century Community Learning Center grant, you have established or are establishing an out-of-school time center. Within your 21<sup>st</sup> CCLC, you may have more than one site at which you are providing activities and services. *If you have multiple sites serving your center, please go to the next page.*

**If you have only one 21<sup>st</sup> CCLC site serving your program,** please indicate the name of the site and the grade levels being served. Mark all that apply.

Name of Facility \_\_\_\_\_

\_\_\_\_\_ Elementary (K-5 grades) \_\_\_\_\_ Middle School (grades 6-8) \_\_\_\_\_ High School (grades 9-12)

**Regular Attendees** – Regular attendees are those elementary students who have attended 80% or more of the days the center was open during the current Program year (PY) and middle school and high school students who have attended 60% or more of the days the center was open during the current Program Year (PY).

How many Regular Attendees participate at your Center? \_\_\_\_\_

In the table below, please record grade-related information for all those participants included as regular program attendees.

Program Year 2003-2004	
<b>MATH GRADES</b> For the current PY, enter the number of regular attendees for each category in the column to the right under “Number”	NUMBER
Number who improved their math grade by one-half grade or more	
Number whose math grade went down by one-half grade or more	
Number of regular attendees whose math grade did not change	
<b>TOTAL</b> number of regular attendees included in math grade reporting	
<b>ENGLISH/READING/LANGUAGE ARTS GRADES</b> For the current PY, enter the number of regular attendees for each category in the column to the right under “Number”	
Improved their English/reading/language arts grade by one-half grade or more	
Number whose English/reading/language arts grade went down by one-half grade or more	
Number of regular attendees whose English/reading/language arts grade did not change	
<b>TOTAL</b> number of regular attendees included in English/reading/language arts grade reporting	

If you have **more than one site** serving your 21<sup>st</sup> Century Community Learning Center, please use as many of the following pages as needed to provide the information requested.

## Part II – Data Collection

## Achievement Data - Grades

As a recipient of a State 21<sup>st</sup> Century Community Learning Center grant, you have established or are establishing an out-of-school time center. Within your 21<sup>st</sup> CCL Center, you may have more than one site at which you are providing activities and services.

For centers having **more than one 21<sup>st</sup> CCLC site** serving your program, please make copies of this page and indicate the name of the individual site and the grade levels being served. Mark all that apply.

Name of Facility \_\_\_\_\_

\_\_\_\_\_ Elementary (K-5 grades) \_\_\_\_\_ Middle School (grades 6-8) \_\_\_\_\_ High School (grades 9-12)

**Regular Attendees** – Regular attendees are those *elementary* students who have attended **80%** or more of the days the center was open during the current Program Year (PY) and *middle* school and *high* school students who have attended **60%** or more of the days the center was open during the current Program Year (PY).

How many Regular Attendees participate at your Center? \_\_\_\_\_

In the table below, please record grade-related information for all those participants included as regular program attendees.

Program Year 2003-2004	
<b>MATH GRADES</b> For the current PY, enter the number of regular attendees for each category in the column to the right under “Number”	NUMBER
Number who improved their math grade by one-half grade or more	
Number whose math grade went down by one-half grade or more	
Number of regular attendees whose math grade did not change	
<b>TOTAL</b> number of regular attendees included in math grade reporting	
<b>ENGLISH/READING/LANGUAGE ARTS GRADES</b> For the current PY, enter the number of regular attendees for each category in the column to the right under “Number”	
Improved their English/reading/language arts grade by one-half grade or more	
Number whose English/reading/language arts grade went down by one-half grade or more	
Number of regular attendees whose English/reading/language arts grade did not change	
<b>TOTAL</b> number of regular attendees included in English/reading/language arts grade reporting	

If you have **more than one site** serving your 21<sup>st</sup> Century Community Learning Center, please copy this page and provide the information requested for each site. Use as many pages as needed to provide the information requested.



**Part II – Data Collection****Testing**

**PLEASE READ** - The Office of Public Instruction is aware that as of this date, achievement testing varies from school to school. If your center or affiliated school district has administered the same standardized achievement test for at least two or more years consecutively, and if you are able to do so, please provide the information requested in the tables below.

<b>Achievement Test(s) Name(s)</b>	<b>Grade Levels</b>	<b>Date(s) Administered</b>	<b>Frequency (annually or other)</b>

**For the students who have been identified as “regular attendees” of the 21<sup>st</sup> Century Community Learning Center Program, please complete the table below.**

<b>MATH</b> <b>Please record in the columns to the right the number of regular attendees who scored</b>	<b>Number for the previous testing year</b>	<b>Number for the current testing year</b>
<b>BELOW Grade Level</b> (did not meet the state’s minimum math standards – was at “basic” level)		
<b>AT Grade Level</b> (met the state’s minimum math standard – was at “proficient” level )		
<b>ABOVE Grade Level</b> (met the state’s highest math standard – was at the “advanced” level)		
<b>TOTALS for Math</b>		
<b>READING</b> <b>Please record in the columns to the right the number of regular attendees who scored</b>		
<b>BELOW Grade Level</b> (did not meet the state’s minimum reading standard – was at “basic” level)		
<b>AT Grade Level</b> (met the state’s minimum reading standard – was at “proficient” level)		
<b>ABOVE Grade Level</b> (met the state’s highest reading standard – was at the “advanced” level)		
<b>TOTALS for Reading</b>		

## Part II – Data Collection

## Testing

If your center or affiliated school district has administered the same standardized achievement test for at least two or more years consecutively and you are able to collect this information, please complete the tables below.

For the students who have been identified as “regular attendees” of the 21<sup>st</sup> Century Community Learning Center Program, please record the number who scored within the given percentile ranges for the current testing year and for the previous testing year.

<b>MATH</b> Please record in the columns to the right the number of regular attendees who scored in the	<b>Number for the previous testing year</b>	<b>Number for the current testing year</b>
0 – 25 <sup>th</sup> percentile		
26 <sup>th</sup> – 50 <sup>th</sup> percentile		
51 <sup>st</sup> – 75 <sup>th</sup> percentile		
76 <sup>th</sup> – 99 <sup>th</sup> percentile		
<b>TOTALS for Math</b>		
<b>READING</b> Please record in the columns to the right the number of regular attendees who scored		
0 – 25 <sup>th</sup> percentile		
26 <sup>th</sup> – 50 <sup>th</sup> percentile		
51 <sup>st</sup> – 75 <sup>th</sup> percentile		
76 <sup>th</sup> – 99 <sup>th</sup> percentile		
<b>TOTALS for Reading</b>		

## **Part II – Data Collection**

### **Academic Achievement**

This section is included to give you an opportunity to describe any academic success stories that can be directly attributed to your 21<sup>st</sup> CCLC project or to discuss any activities/services that you feel have had a significant impact on participants.

This is also an opportunity for you to discuss any problems or obstacles that you have encountered during the operation of your center.

# TEACHER SURVEY

## 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER PROGRAM

Information requested from teachers of those students who participated in the 21<sup>st</sup> Century Community Learning Center Program on a regular basis. (80% Elem. or 60% Middle/High)

Name of Student: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Subject for this survey \_\_\_\_\_ Date: \_\_\_\_\_

Please check the appropriate column in the table below to indicate the current status of the student named above with regard to the items listed. Your cooperation is appreciated.

BEHAVIORS	Showed noticeable improvement	No improvement apparent
Showed improvement in turning in homework on time		
Showed improvement in the quality of homework completed		
Showed improvement in class participation		
Showed a willingness to complete extra credit work		
Regular class attendance improved		
Improved classroom attentiveness		
Showed improvement in general classroom behavior		
Showed improvement in academic performance		
Showed improvement in classroom preparedness		
Showed improved ability to get along with others		
Showed improvement in overall attitude		

Comments: \_\_\_\_\_

If you saw no apparent improvement in this student, please check the box or boxes that most accurately reflects the reason(s).

- ☐ Student was already doing well

☐ Program did not fit the student's needs

☐ Too soon to know

☐ Don't know

☐ Other \_\_\_\_\_

## Part II – Data Collection

## Surveys

### Teacher Survey RESULTS

In the table below, please ***compile and record the results*** from the year-end Teacher Survey responses. The Teacher Survey form (Page 12) asks teachers to report evident behavioral changes for regular 21<sup>st</sup> CCLC attendees. For every student identified as a regular middle school or high school attendee, please select three (3) regular school-day teachers to complete the survey. These teachers should be the student's English teacher, math teacher, and one other regular teacher. For elementary students, the teacher should be the regular classroom teacher.

Behaviors (below) on which surveyed teacher reported	Number of 21 <sup>st</sup> CCLC regular attendees showing improvement in the following areas		
	English/Reading	Math	Other
Subject Areas >			
Showed improvement in turning in homework on time			
Showed improvement in quality of homework completed			
Showed improvement in class participation			
Showed willingness to complete extra credit work			
Regular class attendance improved			
Improved classroom attentiveness			
Showed improvement in classroom behavior			
Showed improvement in academic performance			
Showed improvement in classroom preparedness			
Showed improved ability to get along with others			
Showed improvement in another category not described above			

**TEACHER SURVEY**  
**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER PROGRAM**

Please provide answers to the following questions to reflect your overall perceptions of the out-of-school time program. Please feel free to add your comments as appropriate.

1. Do you feel that the 21<sup>st</sup> Century Community Learning Center Program offers assistance to students that relates to what is being taught during the regular school day?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_ Don't Know \_\_\_\_\_ Comment:

\_\_\_\_\_

2. Do you feel that the 21<sup>st</sup> CCLC Program offers an adequate variety of enrichment activities to participants?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_ Don't Know \_\_\_\_\_ Comment:

\_\_\_\_\_

3. Do you feel that you have been adequately informed about the 21<sup>st</sup> CCLC Program and do you feel that you understand the reasons for having the program?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_ Don't Know \_\_\_\_\_ Comment:

\_\_\_\_\_

4. How often have you visited the program?

\_\_\_\_\_ Frequently \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Other \_\_\_\_\_ Comment:

\_\_\_\_\_

5. How often do you communicate or interact with out-of-school program staff?

\_\_\_\_\_ Frequently \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Other \_\_\_\_\_ Comment:

\_\_\_\_\_

6. Overall, do you think that the 21<sup>st</sup> Century Community Learning Center is having a positive impact on participants?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_ Don't Know \_\_\_\_\_ Comment:

\_\_\_\_\_

## Part II – Data Collection

### Student Surveys

As part of your Year-End Performance Report, the Office of Public Instruction is requesting that you conduct student surveys to gather input both at the beginning of the program and at the end of the Program Year.

A *sample* Student Survey is included on this page for your use. This start-up survey requests information from participants at the beginning of a program year. For our programs to have real meaning, they must be based on meeting the needs of your participants. Your involvement in collecting significant information and developing appropriate services and activities is crucial to the success of the 21<sup>st</sup> Century Community Learning Center Program.

**This SAMPLE** student survey may be used as is, or you may *add questions you might like to have answered*.

#### STUDENT SURVEY – Fall

21<sup>st</sup> Century Community Learning Center Program or Your Program Name

Name: (optional) \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Please put a check under yes or no for each question?	YES	NO
Do you enjoy coming to school?		
Do you like the subjects you are studying?		
Do you enjoy learning new things?		
Do you like to study and prepare for tests?		
Would you like to have a place to go and things to do after school?		
Do you talk to your family members about school or homework?		
Do your friends like school?		

What would you like to do after school and what would you like to learn more about?

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## Student Survey – Spring 21<sup>st</sup> Century Community Learning Center Program

The out-of school-time program would like you to give us your thoughts and opinions about the project. Please take a few minutes to help us gather information about the program.

Name (optional) \_\_\_\_\_

Grade \_\_\_\_\_

**Please list the activities and or services you participated in at your 21<sup>st</sup> Century Community Learning Center** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
Did you enjoy some or all of the activities at the center?		
Did you like the snacks at the center?		
Did you get the help you needed with your studies?		
Would you like to suggest some new activities for next year?		
Did your grades improve this year?		
Was there someone available for you when you needed help?		
Did you make new friends at the center?		
Do you have a better feeling about school than you did before?		

**If you would like to make comments or suggestions about the out-of-school-time program, please use the space below. Thank you for completing the survey.**

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## Adult Participant Survey

### 21<sup>st</sup> Century Community Learning Center Program

The 21<sup>st</sup> Century Community Learning Center Program would like you to respond to a few general questions and also to share your thoughts and ideas about the out-of-school-time activities and services being provided in our community.

Please enter your name and the names of your student participants.

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Please identify any activities or services that you participated in at the community learning center.

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	YES	NO	OTHER
Did you feel that the services/activities offered were helpful and/or worthwhile for you?			
Were you comfortable working with the community learning center staff ?			
Did the facility have adequate resources and meet your needs?			
Did you get the help you were looking for?			
Did you feel the services and activities offered for your children were worthwhile?			
Has the center had a positive impact on any or all of your children?			
Did you feel that there was good communication between the regular school staff and the out-of-school-time program?			
Have you talked to your children about the program and about school in general?			

If you would like to make comments, suggestions, or ask questions about the 21<sup>st</sup> Century Community Learning Center Program, please use the space below. Please attach any additional sheets needed to express your views. Thank you for taking the time to complete the survey and for any comments or suggestions you may have included.

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## PARENT SURVEY FORM

Date: \_\_\_\_\_ School Name: \_\_\_\_\_ Child's grade: \_\_\_\_\_

We would appreciate your responses to a few questions about our (your school/community) after-school program. The answers you provide will help us evaluate the program and will assist us in our efforts to continually improve our services and activities.

Question	YES	NO	Could be Improved	Not Sure
Do the hours of operation meet your needs and the needs of your child?				
Does your child appear to be satisfied with the services and activities that are being offered?				
Has the after-school program helped your child get his/her homework done?				
Does your child have friends or a friend attending the after-school program?				
Does he/she enjoy the snacks provided by the program?				
Are you comfortable talking to the after-school program staff?				
Do you think the after-school program has helped your child feel better about school?				
Do you think the after-school program works well with the regular school program?				
Would you like to observe the program more often?				
Do you think the after-school program has helped your student's performance in school?				

Please include any comments or suggestions you might have. ***Thank you*** for completing our survey.

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## YEAR-END PERFORMANCE REPORT

### Part III – Renewal Application

1. Introduction – As stated in Montana’s implementation of the legislation and non-regulatory guidance for the 21<sup>st</sup> Century Community Learning Center Program, the Montana Office of Public Instruction is requiring grant recipients to submit an annual **Renewal Application** for continued funding. This section of the Year-End Report must summarize progress toward meeting the objectives, program adjustments, and performance indicators.
2. Purpose of Funds – The 21<sup>st</sup> Century Community Learning Center funds provide opportunities for academic enrichment along with activities designed to complement the students’ regular academic program. Community Learning Centers must also offer literacy and related educational development to the families of these students. Your program should document the range of activities and services being implemented to support student learning and development, including tutoring and mentoring, homework help, academic enrichment (such as hands-on science or technology programs) and community service opportunities, as well as music, arts, sports, cultural, and/or other activities.
3. Program Narrative –
  - ☐ Include a brief review of the original **Needs Assessment, Data Analysis, and Academic Risk Factors** in terms of accuracy, updates, additional pertinent information, or other factors that might have relevance to your project.
  - ☐ Provide a review of the **Project Design** in relationship to the goals and objectives and the activities/services being conducted to meet those goals/objectives.
  - ☐ Include your assessment of the current **Management Plan**
  - ☐ Provide a summary of **expenditures** for the current Program Year (PY) using the format as shown on the attached **Expenditure Reporting Form**. It will be necessary to project expenditures through June 30<sup>th</sup> based on your best estimates of costs to be covered with 21<sup>st</sup> CCLC funds. Calculate a specific dollar amount (if applicable) that will not be spent during PY 2003-2004 and will be returned to the OPI. Grantees should be aware that carryover of 21<sup>st</sup> CCLC funds is not allowable.
  - ☐ Also attach the proposed **Budget** for PY 2004-2005. Include a detailed **Budget Narrative** for PY 2004-2005 using the Budget Form which is included with this Renewal Application. The **Expenditure Reporting Form** and the **Budget Form** for the next PY should be included as attachments to your five page narrative. Also complete the **Budget Page – ESEA Title IV, Part B – Budget form**.
4. You are required to provide a summary of sustainability plans developed to date. Include a discussion of successful partnerships, a list of potential future partners, relationships initiated, and details of those partnerships/relationships that were less successful or less productive than anticipated. Explain plans (if developed or in progress) for modifying and/or improving any existing partnerships, and provide information about the roles of any potential future partners listed in this section.
5. Summarize or address any additional factors that should be considered, either positive or negative, as part of your 21<sup>st</sup> CCLC renewal application.

Please limit your Renewal Application Narrative to a maximum of five (5) pages. Reports of expenditures and projected budgets for the next PY are **not** considered to be part of the five page narrative.

**Year-End Performance Reports – Renewal Applications based on operations conducted during the Program Year 2003-2004 must be received by the Office of Public Instruction no later than Friday, June 11, 2004.**

# Expenditures Report Form

## 21<sup>st</sup> Century Community Learning Center Program

### Office of Public Instruction

Report of Expenditures for _____	Project # _____
Grantee Name	
Program Year <u>2003-2004</u>	Reporting Period July I – June 30

**Instructions** – Using the format below, report expenditures of 21<sup>st</sup> CCLC grant funds for the Program Year (PY) listed above. Provide a detailed breakdown for each line item in the following categories, and include wherever necessary, explanations as to how the amounts were determined.

EXAMPLE: In the **Personnel** category, explain the basis used to calculate compensation for each paid employee of the 21<sup>st</sup> CCLC Program. Specify, for example, if the amount was based on an annual salary for a full-time employee, **or** if compensation was an hourly wage paid for a certain number of hours per day, days per week, and weeks per year. Enter the total wages for the period and add to this amount any fringe benefits, based on a specific percentage, that were paid through the program. In the column to the right, enter the total amount expended for each employee or group of employees.

Itemized Expenditures for PY 2003-04

<b>SAMPLE</b>	
<b>Personnel – Salaries and Benefits</b>	
Project Director – Annual Salary for 10 months contract   \$ 28,750.00 Fringe benefits @ 24% .....   \$   6,900.00 Total.....	\$ 35,650.00
Site Coordinator – Hourly wage - \$10.00 X 5 hrs. per day X 5 days per wk = \$ 250.00 per week X 40 weeks = \$ 10,000.00 Fringe Benefits @ 24% .....= \$   2,400.00 Total .....	\$ 12,400.00
Tutors (three) – Hourly wage - \$ 10.00 X 2 hrs. per day X 4 days per wk = \$ 80.00 X 30 weeks = \$ 2,400.00 X 3 tutors = \$ 7,200 Fringe Benefits @ 24% ..... = \$ 1,728 Total .....	\$   8,728.00
<b>Complete for all paid employees</b>	
<b>TOTAL Personnel – Salaries and Benefits</b>	<b>\$ XXXXX.XX</b>

<b>Operating Expenses</b>	
<p>Staff Travel - record the specific details of each trip – for example, list the purpose of the trip NCCE National Training in Seattle, WA Nov. 10-12, '03</p> <p>Staff attending – list each</p> <p>Three (3) RT Airline Tickets @ \$345.00 each = \$ 1,035.00</p> <p>Lodging @ Seattle Marriot –3 rooms @ \$108.00 per room X 3 nights = \$ 972.00</p> <p>Meals @ State Rate for out-of-state travel (\$28.00 per day) = \$ 336.00</p> <p>Ground Transportation, Parking, other ..... = \$ 62.00</p> <p>Total – National Training Conference ..... \$ 2,405.00</p>	
<b>List all other 21<sup>st</sup> CCLC travel in a similar fashion</b>	
<p>Supplies, Materials (list expenditures for the program)</p> <p>Item(s) - costs ..... XXXXXX</p> <p>Item(s) – costs ..... XXXXXX</p> <p>Item(s) – costs ..... XXXXXX</p> <p>TOTAL for supplies, materials ..... \$ XXXXX</p>	
<p>Equipment – purchases as specified in grant application</p> <p>List items, equipment purchased, costs</p> <p>TOTAL ..... \$ XXXXXX</p>	
<p>Transportation – breakdown actual expenditures for transporting program participants to/from 21<sup>st</sup> CCLC activities</p> <p>\$ XXXXXX</p>	
<p>Telephone ..... \$ XXXXX</p> <p>Postage ..... \$ XXXX</p> <p>Utilities ..... \$ XXXXX</p> <p>Other ..... \$ XXXX</p>	
<p>Contractual – custodial, transportation, speakers, consultants, etc. List expenditures made in this area for any contracted costs.</p> <p>\$ XXXXX</p>	
<p>Other – explain any expenditures that may not fall in to one of the categories listed above.</p> <p>\$ XXXX</p>	
<b>TOTAL EXPENDITURES – OPERATING EXPENSES</b>	
\$ XXXXX.XX	
<b>TOTAL – Indirect Costs (If applicable)</b>	
\$ XXXX.XX	
<b>TOTAL 21<sup>st</sup> CCLC EXPENDITURES – PY 2003-2004</b>	
<b>\$ XXXXXXX.XX</b>	

## BUDGET FORM

### 21<sup>st</sup> Century Community Learning Center Program

Budget Period: July 1 – June 30      Program Year \_\_\_\_\_

**General Instructions:** For each budget category, breakdown the costs anticipated for the Program Year listed above. These projections should reflect your best estimates for each category. A budget narrative should be included for each cost explaining how the cost was determined. For example under **Personnel**, You may list a *Project Director* and explain the basic duties and responsibilities of the position and exactly how compensation will be calculated. (Monthly or annual salary; hourly rate times hour per day – days per week – number of months, etc.) Under **Operating Expenses** you may have *Transportation Costs* that will be provided based on number of trips projected, miles per trip, driver costs, etc.

**Provide the detailed breakdown under each category and the total cost in the column to the right.**

<b>Personnel – Salaries and Benefits</b>  <b>Example:</b> Project Director – duties and responsibilities will include staff supervision, scheduling, purchasing, oversee all project operations and activities, reporting, partnership development, sustainability planning, staff training as appropriate, and attendance at state, regional, and national training. Thirty-six hrs. per week @ \$18.00 per hour X 40 wks.	\$ 25,920
Admin. Assistant – duties/responsibilities include ..... ..... ..... Hours – days - rate - total	\$ 9,500
Four (4) Activity Coordinators – duties include ..... ..... ..... 2.5 hrs. per day X 4 days per wk X 30 wks. @ \$10.00	\$ 12,000
Three (3) Aides - same information ..... ..... .....	\$ xxxxx
Other paid positions based on YOUR staffing needs ..... ..... .....	\$ xxxxx
Benefits @ per cent or breakdown for various positions (Enter total or totals) Explain what is included in the Fringe Benefits ..... .....	\$ xxxxx
<b>TOTAL Personnel - Salaries and Benefits</b>	<b>\$ xxxxxxxx</b>

<b>SAMPLE OPERATING EXPENSES</b>	
<b>Operating Expenses</b>	
<p>Staff Travel – As requested in OPI’s Application Announcement, Page 5, Item C., <b>Staff Travel</b></p> <p>National Center for Community Education training – three people</p> <p>RT Airfare @ \$575.00 per person = \$1,725</p> <p>Lodging @ \$150.00 per night each-2 nights = \$ 900</p> <p>Meals @ \$28 x 4 days x 3 people = \$ 336</p> <p>Ground Transportation, Parking, misc. = \$ 150</p> <p>Mileage – 200 miles RT @ = \$ 71</p> <p>Regional Training – Seattle</p> <p>Figure estimated costs for three people</p> <p>To attend anticipated training in a NW location</p> <p>State Conference/Training for two/three</p> <p>Persons. Use similar calculations based on number of days,</p> <p>Distance, mode of transportation, etc.</p> <p>Transportation - anticipated costs for program participants, bus costs, other</p> <p>Explain anticipated costs in detail</p> <p>Supplies, Materials – consumables, software, instructional materials, printed</p> <p>materials, information dissemination, other</p> <p>Include meals, program snacks with breakdown</p> <p>Equipment – The purchase of equipment must be “<b>integral and necessary</b>” for</p> <p>the project as specified in the Application Announcement, Page two,</p> <p>Item d., Limitations on Use of Funds. Address this requirement as you</p> <p>budget for equipment purchases for your program.</p> <p>Telephone, postage, other - Estimate anticipated costs in this line item</p> <p>Contractual - Custodial, transportation, Speakers, consultants, evaluation, etc.</p> <p>Provide specific costs – note \$450 per day limit for consultant costs</p> <p>per Application Announcement guidelines</p> <p>Other -</p>	<p>\$ 3,182</p> <p>\$ xxxxx</p> <p>\$ xxxxx</p> <p>\$ xxxxx</p> <p>\$ xxxxx</p> <p>\$ xxxxx</p> <p>\$ xxx</p> <p>\$ xxxxx</p> <p>\$ xxxx</p>
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ xxxxxxxx</b>
<p>Indirect Cost Line Item – see OPI’s Application Announcement, Page 2,</p> <p>Item d., Limitation on Use of Funds. Indirect cost are allowed, but must</p> <p>be set at the <b>rate</b> of the local education agency that is the eligible applicant or</p> <p>is partnered with the eligible applicant.</p>	<p>\$ xxxxx</p>
<b>TOTAL BUDGET</b>	<b>\$ xxxxxxxx</b>

**PLEASE NOTE:** The Expenditure Report Form (Pages 20-21) and the Budget Form (Pages 22-23) are SAMPLES only. They are examples of the type of information to be provided and the format to be used.

**Do not attempt to use these forms from this document.**

**Create an Expenditure Report Form and a Budget Form for your file. Provide the information that reflects the expenditures for your project, and complete the Budget Form based on projections for your program for the next Program Year.**

**The ESEA Title IV, Part B Annual Budget form is available on our web page and should be completed as part of your reporting requirements. This form is required by OPI's accounting department and reflects the basic line items needed for your project.**

**IT IS IT IMPORTANT THAT YOU READ AND BECOME FAMILIAR WITH THE YEAR-END PERFORMANCE REPORT AND THE RENEWAL APPLICATION.**

**If you have questions or concerns, please contact our office as soon as possible.**